

2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES

State of Nevada

Service Trades Council

Name (print) Office (if applicable) District (if applicable)  
1201 N. Decatur Blvd., Ste 116 Las Vegas, NV 89108 702-648-7112  
Mailing Address (include city and zip code) Telephone No.  
E-Mail Address

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRT ☐ IND EXP ☐ AMENDED

- ☒ **Report #1 — Due August 27, 2002**  
Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002  
Office with a 4-year term Period: Dec. 20, 1998 — Aug 22, 2002  
Office with a 6-year term Period: Dec. 6, 1996 — Aug 22, 2002  
BAGs only: Period: Dec. 7, 2000 — Aug 22, 2002

- ☐ **Report #2 Due — October 29, 2002**  
Period: Aug. 23, 2002 — Oct. 24, 2002

- ☐ **Report #3 Due — January 15, 2003**  
Period: Oct. 25, 2002 — Jan. 3, 2003  
BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002

CERTIFIED MAIL FILED *ll*  
AUG 14 2002  
Secretary of State  
FOR OFFICE USE ONLY

BALANCE

This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any \_\_\_\_\_

CONTRIBUTIONS SUMMARY

Contribution means a gift, loan, conveyance, deposit, payment, transfer or distribution of money or anything of value other than the services of a volunteer received. (NRS 294A.007)

- |   |            |
|---|------------|
| 1. Total amount of monetary contributions in excess of \$100          | \$1,000.00 |
| 2. Total amount of monetary contributions of \$100 or less            | _____      |
| Actual number of monetary contributions of \$100 or less              | _____      |
| 3. Interest and income earned on contributions, if any                | _____      |
| 4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3) | \$1,000.00 |
| 5. Total amount of In Kind Contributions                              | _____      |

EXPENSES SUMMARY

- |  |       |
|--|-------|
| 6. Total amount of monetary expenses in excess of \$100          | _____ |
| 7. Total amount of monetary expenses of \$100 or less            | _____ |
| 8. Expense for filing fee  | _____ |
| 9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8) | _____ |
| Remaining Balance (Subtract line 9 from 4)                       | _____ |
| 10. Total amount of In Kind Expenses                             | _____ |

AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

*Wayne Reed*  
Signature

8/14/02  
Date Executed On